

TOWN OF FISHKILL RECREATION

If application is not completed in its entirety, it will be mailed back, and the child's spot will not be held

Program Registration Form

Last Name _____ First Name _____ Sex: Male ____ Female ____

Mailing Address _____ Town _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____ Resident ____ NonResident ____

Ethnicity: (circle) White African American Hispanic Native American Asian Other
(Information required by County Youth Bureau for Grant Application funds)

School Attending in Fall _____ Grade **Entering** in Fall _____

Mother's Name _____ Phone # we should call during camp hours _____

Father's Name _____ Phone # we should call during camp hours _____

Emergency Name(s) (**other than Parent**) _____ Phone # _____

Please name someone who will be able to pick up the camper in case of bad weather/illness.

List Any and All Persons Who Will Be Picking Child Up From the Program(s), **INCLUDING PARENTS**.
Only Those Persons Listed Will Be Allowed to Sign the Child Out

Name

Day Time Phone Number

MEDICAL INFORMATION AND CONSENT: Mandatory Physician/Updated Immunization form **MUST** be returned before 6/15 or child will **not** be allowed to attend camp.

Does your child have a disability which required special attention, or would limit participation in camp activities?: _____

Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, BEE STINGS, asthma, etc.?: _____

Does your child have allergies? _____

Is your child currently taking medications? No _____ Yes _____ If yes, please list on the bottom of the Mandatory Physician Form.

I HEREBY GRANT PERMISSION FOR MY CHILD TO BE TRANSPORTED AND TREATED IN THE EVENT OF A MEDICAL EMERGENCY, IF I CANNOT BE REACHED.

Parent/Guardian Signature _____ Date _____

As the parent/legal guardian of the participant in the program(s) listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

Signature _____ Date _____

Continue on back

WHICH PROGRAM(S) ATTENDING

Circle which one(s) you are interested in

Shirt Size (please circle only one): **Child:** **S** **M** **L** **Adult:** **S** **M** **L** **XL**

Geering Park Day Camp:	Week 1	6/26 - 6/30	Week 2	7/5 - 7/7 (No 7/3,7/4)	Week 3	7/10 - 7/14
	Week 4	7/17 - 7/21	Week 5	7/24 - 7/28	Week 6	7/31 - 8/4
	Week 7	8/7 - 8/11	All Seven Weeks 6/26 – 8/11			

Residents: \$70 per week, \$350 all seven weeks, \$875 for 3 or more campers for all 7 weeks

Nonresidents: \$80 per week, \$400 all seven weeks, \$1,000 for 3 or more campers for all 7 weeks

All Day Camp-Brinckerhoff:	Week 1	6/26 - 6/30	Week 2	7/5 - 7/7 (No 7/3, 7/4)	Week 3	7/10 - 7/14
	Week 4	7/17 - 7/21	Week 5	7/24 - 7/28	Week 6	7/31 - 8/4
	Week 7	8/7 - 8/11	All Seven Weeks 6/26 – 8/11			

Residents: \$130 per week, \$650 all seven weeks, \$1625 for 3 or more campers for all 7 weeks

Nonresidents: \$150 per week, \$750 all seven weeks, \$1,875 for 3 or more campers for all 7 weeks

Extended Day Care: (All Day Camp only)	Week 1	6/26 - 6/30	Week 2	7/5 - 7/7 (No 7/3, 7/4)	Week 3	7/10 - 7/14
	Week 4	7/17 - 7/21	Week 5	7/24 - 7/28	Week 6	7/31 - 8/4
	Week 7	8/7 - 8/11	All Seven Weeks 6/26 – 8/11			

Residents: \$25 per week (Week 2- \$10) **Nonresidents:** \$35 per week (Week 2- \$15)

Teen Travelers:	1st session July 10- July 21	2nd session	July 31- August 11
\$370 per session			

Tennis Camp: **NO COST** (please mark preferences 1,2,3) *No class on Mondays*

1 st session	June 27 – July 7 (no July 3,4)	_____
2 nd session	July 11 – July 21 (no July 17)	_____
3 rd session	July 25 – August 4 (no July 31)	_____

Basketball: NO COST

Basketball Camp:	July 10 - July 14	_____	7 – 9 years	9:00 AM – 10:30 AM
	Mon. - Fri.		10 – 12 years	10:30 AM – 12:00 Noon

Basketball League: Boys Grade _____ grades 7 – 9
 Girls Grade _____ grades 5 – 7
 Height _____ Weight _____ Age _____

Golf: Starts		Beginner		Classes \$60.00	Intermediate	
		Monday	Tuesday		Wednesday	Thursday
5:00 (Children)	_____				_____	_____
6:00 (Adults)	_____				_____	_____

Town Hall Use Only

Receipt Number: _____ Waiting List _____

Total Amount Paid: _____ Date Processed: Confirmation Letter: _____

Payment Plan: _____ Computer: _____

Program(s):	GP	ADC	EXT	TC	TT	BKC	BKL	G
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